

**COMBINED DECLARATION AND POWER OF ATTORNEY FOR
ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Total Synthesis of Myriaporones

the specification of which

- a. ☐ is attached hereto
- b. ☐ was filed on _____ as application Serial No. _____ and was amended on _____ (if applicable).

PCT FILED APPLICATION ENTERING NATIONAL STAGE

- c. ☒ was described and claimed in International Application No. PCT/GB2003/003327 filed on July 30, 2003 and as amended on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56.

I hereby specify the following as the correspondence address to which all communications about this application are to be directed:

SEND CORRESPONDENCE TO:

- ☒ The address associated with the Customer Number
- OR-
- ☐ Address Shown (see below)

27123

DIRECT TELEPHONE CALLS TO:

(212) 415-8700

- ☒ I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or under § 365(b) of any foreign application(s) for patent or inventor's certificate or under § 365(a) of any PCT international application(s) designating at least one country other than the U.S. listed below and also have identified below such foreign application(s) for patent or inventor's certificate or such PCT international application(s) filed by me on the same subject matter having a filing date within twelve (12) months before that of the application on which priority is claimed:

Country/PCT	Application Number	Date of filing (day, month, yr)	Date of issue (day, month, yr)	Priority Claimed
GB	0217638.6	July 30, 2002		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N

☐ I hereby claim the benefit under 35 U.S.C. § 119(e) of any U.S. provisional application(s) listed below.

Provisional Application No.

Date of filing (day, month, yr)

**ADDITIONAL STATEMENTS FOR DIVISIONAL,
CONTINUATION OR CONTINUATION-IN-PART
OR PCT APPLICATION(S) DESIGNATING THE U.S.**

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s) or under § 365(c) of any PCT international application(s) designating the U.S. listed below.

US/PCT Application Serial No.	Filing Date	Status (patented, pending, abandoned)/ U.S. application no. assigned (For PCT)
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US/PCT Application Serial No.	Filing Date	Status (patented, pending, abandoned)/ U.S. application no. assigned (For PCT)
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☐ In this continuation-in-part application, insofar as the subject matter of any of the claims of this application is not disclosed in the above listed prior United States or PCT international application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or Imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint:

☒ Practitioners associated with the Customer Number

27123

-OR-

☐ Practitioner(s) named below:

Name	Registration Number

☐ I hereby authorize the U.S. attorneys and/or agents named hereinabove to accept and follow instructions from _____ as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and/or agents and me. In the event of a change in the person(s) from whom instructions may be taken I will so notify the U.S. attorneys and/or agents named hereinabove.

Full name of sole or first inventor: Carlos del Pozo Losada

Inventor's signature* _____

_____ Date

Residence:

Poligono Industrial La Mina, Avda de los Reyes, 1
Colmenar Viejo, E-28770 Madrid, SPAIN

Citizenship:

SPAIN

Post Office Address:

same as above

Full name of second inventor: Andres Francesch

Inventor's signature* _____

_____ Date

Residence:

Poligono Industrial La Mina, Avda de los Reyes, 1
Colmenar Viejo, E-28770 Madrid, SPAIN

Citizenship:

SPAIN

Post Office Address:

same as above

☒ ATTACHED IS ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY THIRD AND SUBSEQUENT INVENTORS FORM.

Full name of third inventor:	<u>Carmen Cuevas Marchante</u>		
Inventor's signature*			Date
Residence:	<u>Poligono Industrial La Mina, Avda de los Reyes, 1</u> <u>Colmenar Viejo, E-28770 Madrid, SPAIN</u>		
Citizenship:	<u>SPAIN</u>		
Post Office Address:	<u>same as above</u>		

Full name of fourth inventor:	<u>Marta Perez Alvarez</u>		
Inventor's signature*			Date
Residence:	<u>Poligono Industrial La Mina, Avda de los Reyes, 1</u> <u>Colmenar Viejo, E-28770 Madrid, SPAIN</u>		
Citizenship:	<u>SPAIN</u>		
Post Office Address:	<u>same as above</u>		

Full name of fifth inventor:	_____		
Inventor's signature*			Date
Residence:	_____		
Citizenship:	_____		
Post Office Address:	_____		

Full name of sixth inventor:	_____		
Inventor's signature*			Date
Residence:	_____		
Citizenship:	_____		
Post Office Address:	_____		

Full name of seventh inventor:	_____		
Inventor's signature*			Date
Residence:	_____		
Citizenship:	_____		
Post Office Address:	_____		

Full name of eighth inventor:	_____		
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